DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

ATTORNEY DOCKET NO. MSFTP247US MS DOCKET NO. MS174295.1

As a below named inventor, I hereby declare that:

City, State and Zip:

Cleveland, Ohio 44114

My residence/post office address and citizenship are as stated below next to my name;

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: SYSTEM AND

METHOD PROVIDING INLI	NED STUB		1	J		
the specification of which is filed	herewith unless the follow	wing box is	checked:			
. () was filed on	as US Application	ation Serial	No. or PCT Into	ernational Applica	ition	
Number	and was amende	ed on		(if applicable).		
I hereby state that I have reviewed	ed and understood the con	itents of the	above-identifie	d specification, in	cluding	the claims, as amended b
any amendment(s) referred to abo	ove. I acknowledge the di	uty to disclo	se all information	on, which is mater	nai to pa	tentability as defined in 3
CFR 1.56.						
B. A. Hardard Charles	C.Dt					
Foreign Application(s) and/or Claim of I hereby claim foreign priority benefits u		ode Section 11	0 of any foreign as	anlication(s) for naten	t or invent	or(s) certificate listed helow an
have also identified below any foreign ap	plication for patent or inventor	s) certificate ha	aving a filing date b	before that of the appli	cation on v	which priority is claimed:
	PPLICATION NUMBER				Y CLAIMED UNDER 35 U.S.C. 119	
					YES:	NO:
					YES:	NO:
Provisional Application			,, ,e., !			
I hereby claim the benefit under Title 35,	United States Code Section 119	9(e) of any Uni	ted States provision	nal application(s) listed	d below:	
	r		T			
	APPLICATION SERIAL	NUMBER	FILI	NG DATE	- ·	•
:= :=						
U.S. Priority Claim	L.,			0		
I hereby claim the benefit under Title 35	, United States Code, Section 17	20 of any Unit	ed States application	n(s) listed below and,	insofar as	the subject matter of each of the
claims this application is not disclosed acknowledge the duty to disclose material	I in the prior United States appli al information as defined in Tit	ication in the n	nanner provided by Federal Regulation	the first paragraph of is. Section 1.56(a) wh	ich occurr	ed between the filing date of the
prior application and the national or PCT	international filing date of this	application:	Todorai Rogalailo.	, 2000.0 1.00(4)		
:						
APPLICATION SERIAL NUMBE	ER FILING	DATE	STATUS(patent		ed/pending/abandoned)	
I U						
165						
POWER OF ATTORNEY:			<u> </u>	-		
As a hamed inventor, I hereby appoint	the following attorney(s) and/o	or agent(s) list	ed below to prosec	cute this application a	and transac	et all business in the Patent ar
Trademark Office connected therewith.						
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Add Attorney Name and Reg. No.	Katie E. Sako, Reg. No. 32,628		Damer Dr Grouse, reg		40,894	
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DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION

Inventor's Signature

ATTORNEY DOCKET NO. MSFTP247US MS DOCKET NO. MS174295.1

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

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Date